



# **REQUEST FOR APPLICATIONS**

## **NEW GRADUATE MEDICAL EDUCATION PROGRAM DEVELOPMENT GRANT - 2021**

**ISSUED BY:  
STATE OF WISCONSIN  
Department of Health Services  
OFFICE OF POLICY INITIATIVES AND BUDGET**

**APPLICATIONS ARE DUE  
NO LATER THAN 12:00 NOON  
APRIL 16, 2021**

**FOR QUESTIONS CONTACT  
DONNA WONG AT  
[DONNA.WONG@WISCONSIN.GOV](mailto:DONNA.WONG@WISCONSIN.GOV)**

**LATE APPLICATIONS WILL NOT BE ACCEPTED**

**GME PROGRAM DEVELOPMENT GRANT  
WISCONSIN DEPARTMENT OF HEALTH SERVICES**

**REQUEST FOR APPLICATIONS - 2021**

**TIME LINE**

MARCH 1, 2021	COMPETITIVE APPLICATION RELEASED VIA DHS WEB SITE
MARCH 10, 2021	QUESTIONS DUE BY 12:00 NOON CT
MARCH 17, 2021	FAQS POSTED TO THE DHS WEB SITE
APRIL 16, 2021	APPLICATIONS/PROPOSALS DUE BY 12:00 NOON
JUNE 4, 2021	NOTIFICATION OF AWARDS
JULY 1, 2021	AGREEMENT START DATE

**REQUEST FOR APPLICATIONS**  
**WISCONSIN DEPARTMENT OF HEALTH SERVICES**  
**GME PROGRAM DEVELOPMENT GRANT**

**1. Introduction**

2013 Wisconsin Act 20 authorized the Department of Health Services (DHS) to establish grants to support development of new graduate medical education (GME) programs. This document is provided to hospitals and sponsoring institutions considering establishing such programs with information to help prepare and submit applications for funding. The effective date of agreements awarded under this funding opportunity will be July 1, 2021.

1.1 **Goal:** To increase access to quality health care by increasing the number of physicians practicing in rural and underserved areas of Wisconsin.

1.2 **Purpose:** To assist rural hospitals and groups of rural hospitals in developing accredited GME programs in a range of medical specialties needed in rural communities. Grants may also be used to establish new fellowship programs or to develop rural tracks.

**2. Statutory Authority**

2013 Wisconsin Act 20, § 1899, Wisc. Stat. 146.63 and 146.64 – established grants for new GME program development and for adding new positions to existing accredited GME programs.

**3. Available Funds**

DHS anticipates making several awards under this Request for Applications (RFA).

Grant Amount:	\$750,000 maximum per grantee
Grant Period:	Up to 3 years, dependent on proposal

**4. Use of Funds**

GME Program Development funds shall be used to assist rural hospitals and groups of rural hospitals in procuring infrastructure and increasing case volume to the extent necessary to develop accredited GME programs with a substantial number of rural training experiences. For purposes of this RFA, rural is defined as any hospital not located in a designated “1<sup>st</sup> class” city.<sup>1</sup>

Funds may also be used to develop Fellowships and Alternative Tracks, such as Rural Training Tracks and less formal rural tracks (see Appendix A – Definitions).

**5. Allowable Costs**

Grant funds may be used for, but are not limited to:

- Project manager
- Consultants
- Program staff, e.g., program director, program coordinator

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<sup>1</sup> Wis. Stat. § 62.05(1) (a).

- Curriculum development
- Rural clinical site recruitment and development
- Rural faculty recruitment, engagement (e.g., participation in curriculum development, resident recruitment), development/training, and support, (e.g., honoraria, academic appointments, increased administrative time)
- Accreditation fees and site visits
- Resident recruitment, e.g., marketing materials, fees associated with FREIDA™ and the National Resident Matching Program®, travel expenses, hotels, and meals
- Technology up-grades for remote access

## **6. Unallowable Costs**

GME Program Development funds may not be used for:

- Resident salary and fringe or other direct resident expenses
- Research
- Supplanting or replacing existing funds from other sources for the same purpose
- Capital improvements, including, but not limited to, architectural consultation and renderings, remodeling and new construction

## **7. Required Match**

The GME Program Development Grant requires the grantee to provide matching funds of a minimum of 50 percent, i.e., if the grant request is for \$100,000, the applicant must provide \$50,000 in matching funds, either cash or in-kind. The match is not required to be by line item or dollar for dollar.

Matching funds may include, but are not limited to:

- Up to 35 percent of the cost of capital improvements required to meet accreditation requirements
- Funds provided by partner organizations, including a sponsoring institution, e.g., administrative support, office space, faculty training

Grant funds from other state sources are not considered matching funds. Funding for direct resident expenses, e.g., salary, fringe, malpractice insurance, housing allowance, etc., are not considered matching funds.

## **8. Eligible Applicants**

Eligible applicants are rural hospitals or a group of rural hospitals<sup>2</sup> and other health care organizations that meet the following criteria.

## **9. Targeted Specialty**

Applicants will select from the priority list below or identify another medical specialty, such as geriatrics, dermatology, and orthopedic surgery.

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<sup>2</sup> For purposes of this RFA, 2013 Wisconsin Act 20 defines rural hospitals as any hospital that is not located in a city designated as “1<sup>st</sup> class” city.

- family medicine
- general internal medicine
- general surgery
- pediatrics
- psychiatry

If the specialty is not on the priority list (above), the applicant will provide evidence of the need for the specialty in the rural area. Documentation should include, but is not limited to:

- Number of miles or driving time to a physician in the proposed specialty
- General 'wait time' for appointments to see a physician in the proposed specialty
- Estimated number of physicians in the proposed specialty within 100 miles
- Estimated number of patients per year who need/could benefit from treatment by physicians in the proposed specialty

#### 10. Program Type

Applicants will select one of the following new programs to develop and implement and briefly explain the rationale for the choice.

- Applicant has initiated planning for a new GME program in an eligible specialty that will meet the accreditation requirements of the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) by the end of the three-year grant period. The proposed new program must include a minimum of eight weeks of clinical training in a rural setting over the course of the residency and prioritize graduate medical students with ties to Wisconsin.
- Applicant has initiated planning to develop and add a new track to an existing accredited eligible GME program that will include a substantial number of new rural clinical training experiences. The new track should have a separate ACGME or AOA accreditation number. Priority for alternative tracks will be given to those that include new resident positions.
- Applicant has initiated planning to develop and add a fellowship to an existing accredited eligible GME program that will include a substantial number of rural clinical training experiences. The fellowship must be accredited by the ACGME or meet other nationally recognized standards/criteria established by relevant boards or other organizations.

#### 11. Application Components and Requirements

This section articulates the criteria with which each application will be reviewed by an external rating panel and scored. The panel will use a three (3) point scale:

- 1 = response does not meet requirements/significant information is missing
- 2 = response addresses/includes some, but not all, required information

3 = response addresses/includes all required information in sufficient detail to explain what the applicant plans to do

The application should be organized consistent with the items in this section and the outline in the Application Checklist included in this RFA. Terms used in this RFA are defined in Appendix A.

**Abstract /Summary** – one page only, single-spaced, 11 point font

The applicant's response:

- Briefly explains how the proposed program helps meet the long-term goal of increasing access to quality health care in rural communities
- Articulates the rationale for developing a new or expanded program in an eligible specialty or adding a new track to an existing program
- Briefly describes the rural component of the program and how it will benefit rural populations
- Identifies partners
- Includes the amount requested and the proposed grant period

**Project Narrative** – the narrative should address three areas

1. Program Plan

The response provides a brief description of the planning activities, if any, that have been completed to date (as of March 2021), including, but not limited to:

- When planning began and what the catalyst was
- Organizations participating in the planning group
- Whether a feasibility study was completed; if so, when, by whom, and with what result
- Whether technical assistance or consultation has been provided; if so, on what topic, when, and by whom
- Who the sponsoring institution is

2. Rural Training Plan

The response provides a brief description of the initial thinking or decisions about rural clinical training, including:

- Potential sites
- Size of patient panel(s)
- Experience of the site in providing medical education
- Anticipated length of time in the rural setting(s)
- Program year(s) the rural training will be provided
- Demographics of the population(s) served in the rural area
- Faculty status, including experience teaching and whether honoraria or other compensation will be provided

3. Business Plan

The response highlights the experiences and capacity of the applicant and key partner organizations (e.g., sponsoring institution, hospitals and clinics, health plans), to develop an

accredited GME program. This portion of the response shall address, but is not limited to, the following.

- Capacity - The response describes the organization's prior experience with medical education; discusses the ability to develop and implement an accredited program, specifically addressing the recruitment and engagement of rural faculty; and provides information about how the grant will be managed and monitored. The response identifies staff to be hired and proposed responsibilities.
- Ongoing Operations/Sustainability – The response describes proposed plans for how the GME program will be supported and funded (prior to Medicare reimbursement) for the first class of residents following the end of the grant period, including coverage of the resident's salary, fringe, and malpractice insurance. The response addresses how the program will be sustained over the long-term.

### **Benchmarks**

The application is structured such that the result is an accredited GME program by the end of the grant period. Benchmarks to achieve this result must be clearly stated, realistic, and consistent with the goal of this RFA. Benchmarks are framed as measurable outcomes that can realistically be achieved during the funding period. Targeted completion dates are given. Key benchmarks will be included in the performance-based agreement for successful applicants.

**Achievement of these benchmarks will determine the approval or disapproval of invoices for payment.**

### **Budget and Budget Narrative**

The applicant develops a line-item budget for allowable costs for each year of the grant (state fiscal year – July through June). Proposed costs are necessary and reasonable for establishing an accredited GME program. The total budget does not exceed the maximum grant amount. The budget narrative includes justification/explanation for each item and explains/indicates how amounts were calculated.

The budget and budget narrative clearly delineate the amount and source(s) of matching funds, including how the amounts were calculated. Matching funds are consistent with the grant requirements and **do not** include funds from other state grants. If capital improvements are considered as a portion of the match, the amount does not exceed 35 percent of the required match.

Suggested budget templates are in Appendix B. Applicants may use other formats.

## **12. Reporting Requirements**

The selected applicant (grantee) agrees to submit invoices and status reports as requested, but no less than bi-annually. DHS will provide suggested templates.

**13. Questions**

- Submit questions regarding this RFA via email on or before 12:00 noon CT, March 10, 2021 to [Donna.Wong@wisconsin.gov](mailto:Donna.Wong@wisconsin.gov)
- Questions regarding this RFA must be emailed and receipt will be acknowledged. Questions cannot be answered individually. Answers to questions received by the deadline will be posted on the DHS web site at <https://www.dhs.wisconsin.gov/business/solicitations-list.htm> by March 17.
- In the event that it becomes necessary to provide clarifying information, or to revise any part of this RFA, revisions, amendments and supplemental information will be posted to the DHS web site at <https://www.dhs.wisconsin.gov/business/solicitations-list.htm>

**14. Submission of Application**

With the exception of the Abstract, **all applications must be typed, double-spaced with 11-point font** and shall include the Application Cover Sheet, included in this RFA. All pages must be sequentially numbered and organized according to the Application Checklist (also included in this RFA). Applications should not exceed **25 total pages**, as follows.

- No more than **15 pages** for the abstract, program planning, rural training, and business plan.
- No more than **10 pages** for the benchmarks, budget, budget narrative, and any other relevant material such as letters of support.

Submit applications electronically to [donna.wong@wisconsin.gov](mailto:donna.wong@wisconsin.gov), **no later than 12:00 noon on April 16, 2021**. Receipt will be acknowledged.

**15. Award Procedures**

Each application received by the deadline will be reviewed and scored by an external rating panel. The panel may request clarifications or additional information; such requests will be made through the DHS Project Manager, Donna Wong, to the applicant contact person.

The Panel's recommendations for funding will be provided to DHS and forwarded to the DHS Secretary for approval. All applicants whose proposal is reviewed and scored shall receive written notice of the determination by DHS. Each applicant whose proposal was not approved will be given an opportunity to discuss the decision with the Project Manager.

**16. General Information**

- **Definitions.** The terms used in this RFA are defined in Appendix A.
- **News Releases.** News releases regarding this award or any part of the proposal will not be made without the prior written approval of DHS. Copies of such releases or other public stories about the award during the contract period will be submitted to DHS within 30 days from the date of initial publication.
- **Budget Modification.** Justifiable modifications may be negotiated during the course of the fully executed agreement only through prior consultation with and mutual agreement of the parties.



## CHECKLIST, GUIDELINES and APPENDICES

The following information is provided to assist applicants in preparing a quality, competitive response to the Request for Applications.

- I. Application Checklist
- II. Application Cover Sheet
- III. Definitions (Appendix A)
- IV. Budget Templates (Appendix B)

- I. **Application Checklist.** The completed application must include the following and shall be organized according to the outline below.

- 1. Application Cover Sheet
- 2. Abstract
- 3. Proposal Narrative
  - Program Planning
  - Rural Training
  - Business Plan
- 4. Benchmarks
- 5. Budget
- 6. Budget Narrative
- 7. Other Information, *optional*

# Application Cover Sheet

## Section A - APPLICANT INFORMATION

1. Targeted Specialty Program:			Number of Residents Anticipated:
2. Applicant:			
Address:	City:	State:	Zip:
3. Primary Contact:			E-mail:
			Telephone:
Address:	City:	State:	Zip:
4. Fiscal Agent (if different from Applicant):			E-mail:
			Telephone:
Address:	City:	State:	Zip:
5. Employer Identification No.:			

## SECTION B - BUDGET SUMMARY

10. Enter the total proposed budget and the budget for each year of the grant. Do not include the required match in the total.  
**Note:** The maximum amount per grant is \$750,000.

Total funds requested: \$ \_\_\_\_\_

Requested funds per year:

\$	Year 1	\$	Year 2	\$	Year 3
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Is the applicant seeking or planning to seek funding from the Wisconsin Rural Physician Residency Assistance Program? \_\_\_\_\_

11. NAME, TITLE AND EMAIL OF OFFICIAL AUTHORIZED TO COMMIT THE APPLICANT ORGANIZATION TO THIS AGREEMENT

Typed Name of Official: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 : \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix A – Definitions

The following definitions shall apply for purposes of this RFA.

1. Accredited Program – an established GME program in a targeted specialty that is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA) or by both; accredited programs have a unique accreditation number.
2. Alternative Track – an existing, accredited GME program in a targeted specialty that seeks to add or expand rural training experiences; may include the addition of new resident positions. Alternative tracks must have an established partnership with a rural hospital or group of rural hospitals and must include a substantial amount of rural clinical training. Alternative tracks generally have a separate accreditation number; includes Rural Training Tracks and other, less formal training tracks designed for residents to gain substantial experience in a rural setting(s). Such tracks are not separately accredited, but may have a separate match number to aid in recruiting.
3. Fellowship – a post-residency training period of 1 – 2 years in a subspecialty, e.g., addiction, which allows a physician to develop a particular expertise that may have a related subspecialty board. For such programs to be eligible for grants under the DHS GME Initiative the fellowship program must meet ACGME accreditation standards or other nationally recognized standards from national boards or other organizations and be related to the goal of the grant.
4. Graduate Medical Education – the period of didactic and clinical education in a medical specialty that follows the completion of a recognized undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty, also referred to as residency education.
5. Program – a structured educational experience in graduate medical education designed to conform to the program requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
6. Resident – any graduate medical student in an accredited GME program.
7. Rotation – a clinical educational experience of planned activities in selected settings, over a specific time period, developed to meet the goals and objectives of the GME program.
8. Rural Hospital or Group of Rural Hospitals – hospitals that are not located in a 1<sup>st</sup> class city; priority for funding will be given to hospitals located in rural areas (see Definition #9) that are jointly sponsoring a new or expanded GME program in an eligible specialty; the group may include an academic partner or sponsoring institution (medical school, university or health system).
9. Rural – areas that meet the definitions from the Wisconsin Area Health Education Center System, including:
  - R1 – rural area with no population center greater than 2,500
  - R2 – rural area with population center between 2,500 – 9,999

- R3 – rural area with population center between 10,000 – 49,999
10. Site – a health care organization providing clinical education experiences for residents.
  11. Sponsoring Institution – the organization that assumes the financial and academic responsibility for a program of graduate medical education; the sponsoring institution has the primary purpose of providing educational programs and/or health care services.
  12. Targeted Specialty – the GME specialty targeted by the grant for development.
  13. Underserved Area – area designated by the Health Resources and Services Administration (HRSA) as a Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs) or Health Professional Shortage Areas (HPSAs).

## APPENDIX B – BUDGET TEMPLATES

The templates presented here may be used as a guide for completing the budget components of the application. Applicants may also use other spread sheets with these broad categories. Please provide a summary budget covering the length of the proposed grant by year.

The detailed budget shall include a brief description of each budget item and how amounts were calculated, either within the table or spread sheet or in a separate document labeled budget narrative.

### Budget Summary

Category	Year 1	Year 2	Year 3	Total
Personnel				
Accreditation				
Program development				
Faculty development				
Rural faculty support, e.g., stipends or honoraria				
Resident Recruitment				
TOTAL				
<i>DHS Grant</i>				
<i>Match</i>				
<i>Other</i>				

**Detailed Budget – Provide information for each grant year. Explain each item and how amount was calculated either within the table or in a separate document.**

**NOTE: Budget Items are examples only; applications may include additional (or fewer) items than are listed. The 50% match is not ‘dollar for dollar’; rather, the total must equal 50% of the total grant request. Each line item may or may not have a match. Please identify the source of the match.**

Category	Budget Item	DHS	Match	Total
<b>Personnel</b>	Program Director/Coordinator			
	<i>Explanation &amp; calculations may be included under each item or in a separate document.</i>			
	Program Specialist			
	Education Program Manager			
	Education Training Director			
	Associate Director			
<b>Sub-total</b>				
<b>Accreditation</b>	Site visit(s)			
	Application fee			
	Annual program fee			
	Institutional review			
<b>Sub-total</b>				
<b>Program &amp; Faculty Development</b>	Curriculum development			
	Professional Conferences			
	Rural faculty recruitment, engagement, and development			
	Rural training site recruitment			
	Rural faculty support, e.g., honoraria, stipends, administrative time; explain in narrative			
	Consultant(s)			
	Professional dues & memberships			
	Community outreach			
<b>Sub-total</b>				
<b>Resident Recruitment</b>	Marketing materials			
	Web site development			
	Recruitment services & tools (e.g., FREIDA™, NRMP®)			
	Travel			
	Hotel accommodations			
	Meals			
<b>Sub-total</b>				
<b>Total DHS Request</b>				